MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

7496 Registration District No. 149 Primary Registration District No. 002 Registrar's No. 3743 -61-029486 STATE FILE NUMBER

AMENDED

FILED AUG 16 1961

1. PLACE OF DEATH a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b —

c. CITY OR TOWN Lee's Summit — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Route #4 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Baby Girl Middle: Melton Last:

4. DATE OF DEATH Month 6 Day 29 Year 61

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/29/61

9. AGE (last birthday) —

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours 1 Min. 25

10a. USUAL OCCUPATION (Give kind of work done ~~during most of working life, even if retired~~) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert James Melton

13b. MOTHER'S MAIDEN NAME Helen Frances Martin

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes, no, or unknown~~) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Robert J. Melton Address Lee's Summit Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Anencephalic monster — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1:00 P.M. to 2:25 P. and last saw her/him alive on 6-29-61

Death occurred at 2:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Keeler MD (Degree or title)

22b. ADDRESS Kansas City Mo.

22c. DATE SIGNED 7-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Hospital

23b. DATE 6-29-61

23c. NAME OF CEMETERY OR CREMATORY St. Lukes

23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR St. Lukes

ADDRESS K.C. Mo.

25. DATE RECD. BY LOCAL REG. 7-27-61

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

James E. Keeler MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Hospital Disposal, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David M. Gibson Mrs

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.